

A Step Ahead Preschool Enrollment Form

Name of Child: _____ Date of Birth: _____
Last First

Home Phone Number: _____ Email: _____

Address: _____
Street Apt #
_____ City State Zip

Mother or Guardian _____ Cell #: _____
Last First

Employer: _____ Work #: _____

Driver's License –State: _____ #: _____

Father or Guardian _____ Cell #: _____
Last First

Employer: _____ Work #: _____

Driver's License –State: _____ #: _____

Other person(s) Authorized to pick up:

Name: _____ Relationship: _____

Name: _____ Relationship: _____

Name: _____ Relationship: _____

Name: _____ Relationship: _____

Under no circumstances will children be released to anyone not known to A Step Ahead Preschool without written authorization from the parent(s) or guardian(s).

I certify that _____ is physically sound and free from infection or disease expect as noted on the following page. I give my permission for A Step Ahead Preschool and its staff to secure such medical treatment as is deemed necessary.

Signed: _____ Date: _____

Medical Information:

Child's Physician: _____ Phone #: _____

Emergency Hospital Preference: _____

Are there any medical reasons to restrict activity? _____ If YES, please explain:

Allergies/Medical Conditions:

Does your child have any allergies? _____ If YES, please list: _____

Special Instructions: _____

Are there any past or current medical condition(s) that we should be aware of? _____
If YES, please explain:

Emergency Numbers:

In case of an Emergency, Please Notify:

1. Name: _____ Relationship: _____
Home #: _____ Work #: _____ Cell #: _____
2. Name: _____ Relationship: _____
Home #: _____ Work #: _____ Cell #: _____
3. Name: _____ Relationship: _____
Home #: _____ Work #: _____ Cell #: _____
4. Name: _____ Relationship: _____
Home #: _____ Work #: _____ Cell #: _____